

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Device and Method for Applying Patterns and/or Labels to a Substantially Flat Surface of an Article																				
Application Number :																					
Date :																					
First Named Applicant:	Horst Mellis																				
Attorney Docket Number:	M15P01US																				
TOTAL FEE AUTHORIZED \$ 428																					
Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as small entity																					
BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3">Subtotal For Basic Filing Fees:</td><td>\$ 385</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385	Subtotal For Basic Filing Fees:			\$ 385								
Fee Description	Fee Code	Amount \$	Fee Paid \$																		
Utility Filing Fee	2001	385	385																		
Subtotal For Basic Filing Fees:			\$ 385																		
EXTRA CLAIM FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 18</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 4</td><td>1</td><td>2201</td><td>43</td><td>43</td></tr><tr><td colspan="3">Subtotal For Extra Claims Fees:</td><td>\$ 43</td><td></td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 18	0	2202	9	0	Independent Claims : 4	1	2201	43	43	Subtotal For Extra Claims Fees:			\$ 43	
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																	
Total Claims : 18	0	2202	9	0																	
Independent Claims : 4	1	2201	43	43																	
Subtotal For Extra Claims Fees:			\$ 43																		
AUTHORIZED BILLING INFORMATION																					
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																					
Deposit account number:	501199																				
Access Code	****																				
Deposit name:	Gudrun E. Hockett																				
Deposit authorized name:	Gudrun E. Hockett																				
Signature:	Gudrun E. Hockett																				
Date (YYYYMMDD):	2004-07-23																				
Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).																					
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																					

Adjustment date: 08/23/2004 BHABTEW
07/23/2004 EFSPROD 00000031 501199 10710603
02 FC:2201 43.00 CR